

# Statewide Care & Shelter Committee

## SHELTER MANAGER ACTION GUIDE

**GENERAL CONSIDERATION:**

**SPECIFIC CONSIDERATION:**

**REMEDIES:**

### CONTACTS

1. ASSISTANCE:

NAME/ORGANIZATION:

PHONE #1: \_\_\_\_\_ PHONE #2: \_\_\_\_\_

CELL #: \_\_\_\_\_ PAGER #: \_\_\_\_\_

2. ASSISTANCE:

NAME/ORGANIZATION:

PHONE #1: \_\_\_\_\_ PHONE #2: \_\_\_\_\_

CELL #: \_\_\_\_\_ PAGER #: \_\_\_\_\_

3. ASSISTANCE:

NAME/ORGANIZATION:

PHONE #1: \_\_\_\_\_ PHONE #2: \_\_\_\_\_

CELL #: \_\_\_\_\_ PAGER #: \_\_\_\_\_